

**How to View and Update Taxonomy on the Provider Profile in NCTracks**

**Overview**

This job aid provides step-by-step instructions for viewing and changing Taxonomy codes for provider profiles. Only authorized users can view or update provider taxonomy in NCTracks.

	<p>Please note that adding a new taxonomy code via the manage change request is not an immediate process, and can take several weeks to complete, as licensing and accreditation must be reviewed by CSRA and approved by the state.</p>
	<p>As part of the transition to NCTracks, NC DHHS reviewed all providers and pre-selected new taxonomy codes for each provider based the provider specialty. Many of these new codes are considerably different from the previous taxonomy codes. However, these new codes have been approved for use by the state and should be used when submitting claims or prior approvals.</p> <p><b>The taxonomy code on the claim or prior approval must match the taxonomy code on the provider’s record or the claim will deny.</b></p>

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## Logging into the Provider Portal

1. Navigate to [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
2. The following page will display. Click the **Providers** tab at the top of the page.

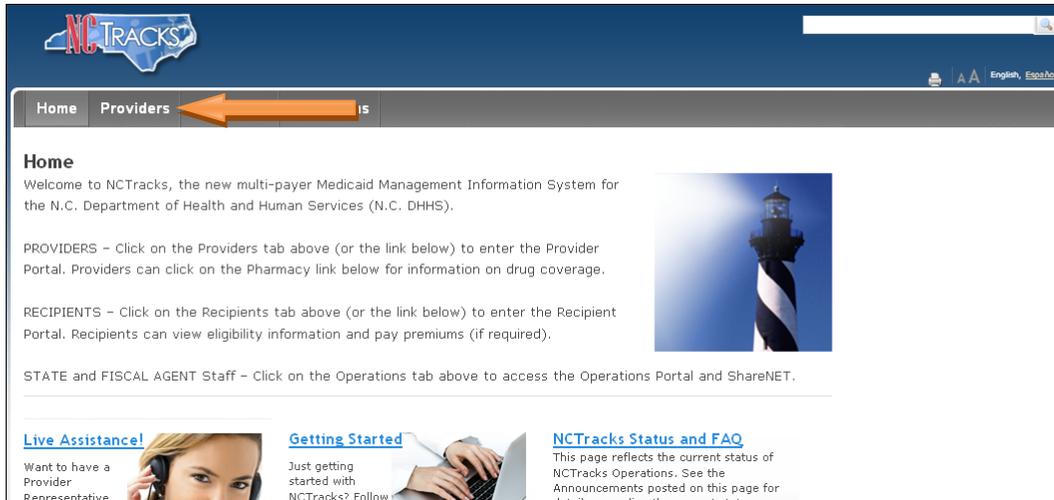


Figure 1: NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.

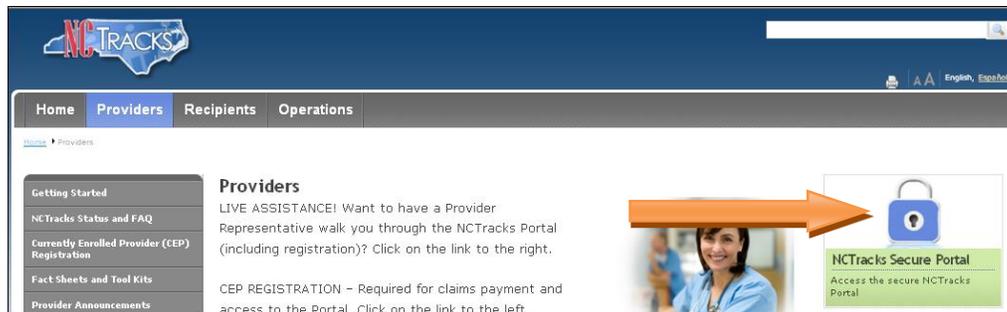


Figure 2: Providers Page

- The following login screen will display. Enter the NCID and password and click the **Log in** button.

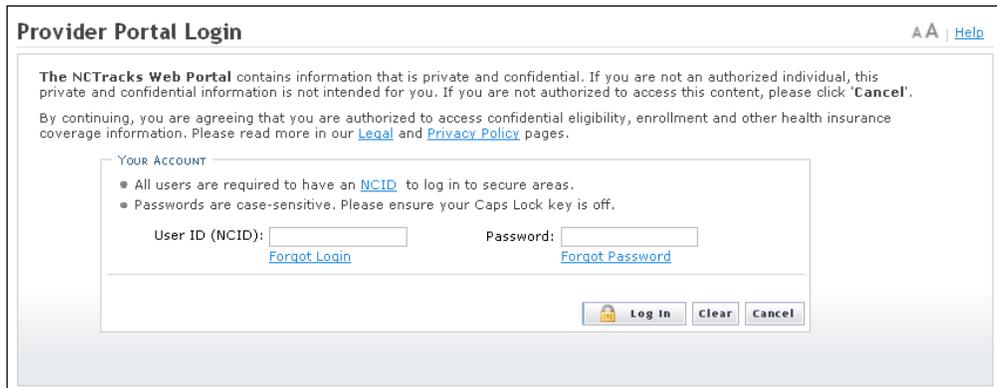


Figure 3: Provider Portal Login

### Accessing the Manage Change Request Application

- The following Providers page will display. Click the **Status and Management** button.

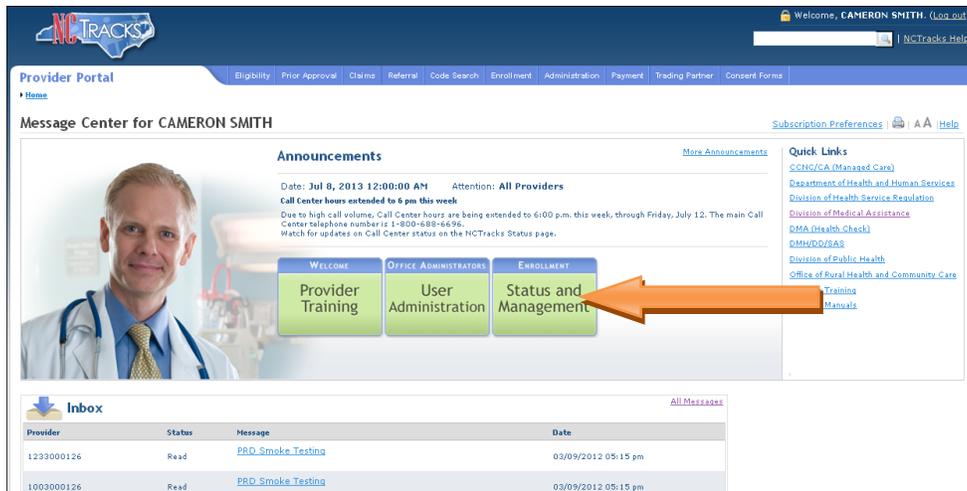


Figure 4: Select Status and Management

If you click on the **Status and Management** button and NCTracks displays a blank page. This indicates that you are not listed as an owner or managing employee on the provider's profile in NCTracks. The OA, or an owner/managing employee that has been configured as a **User Administrator** will need to complete a manage change request to change your status to owner or managing employee before you can proceed with a manage change request.

6. The **Status and Management** screen will display. The screen is divided into 6 sections.

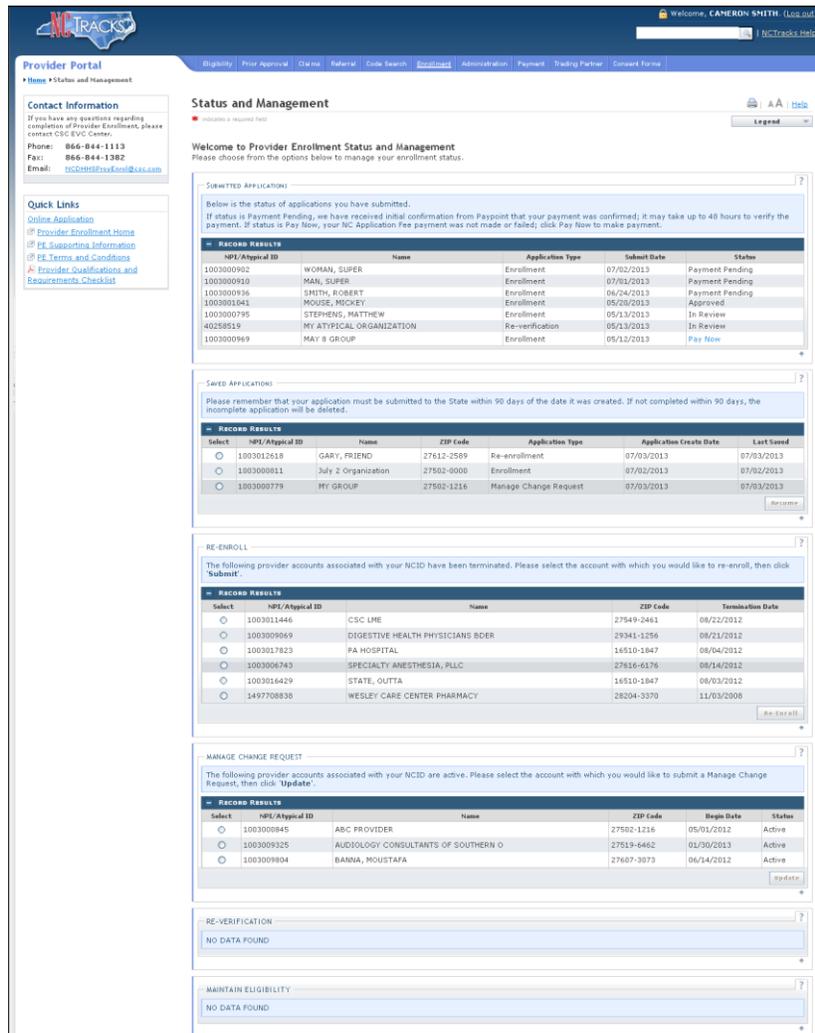


Figure 5: Status and Management Page

Status and Management Sections

- **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
- **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- **Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.

- **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
  - **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.



If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

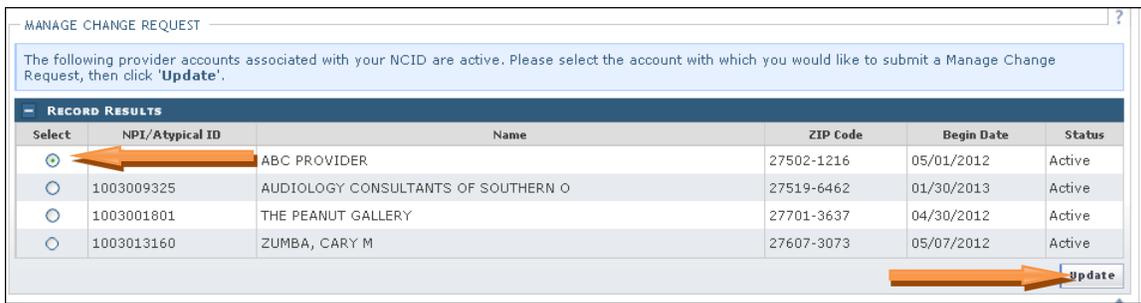


Figure 6: Select Manage Change Request

## Navigating within the Manage Change Request Application

- The **Organization Basic Information** screen will display. Scroll down to the bottom of this page. Scroll down and click the **Next** button to continue.



If you are making changes to your profile, do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the Manage Change Request can be submitted. Instead, to navigate to the Taxonomy Classification section, click the **Next** button on the bottom right corner of the screen until you reach the appropriate screen.

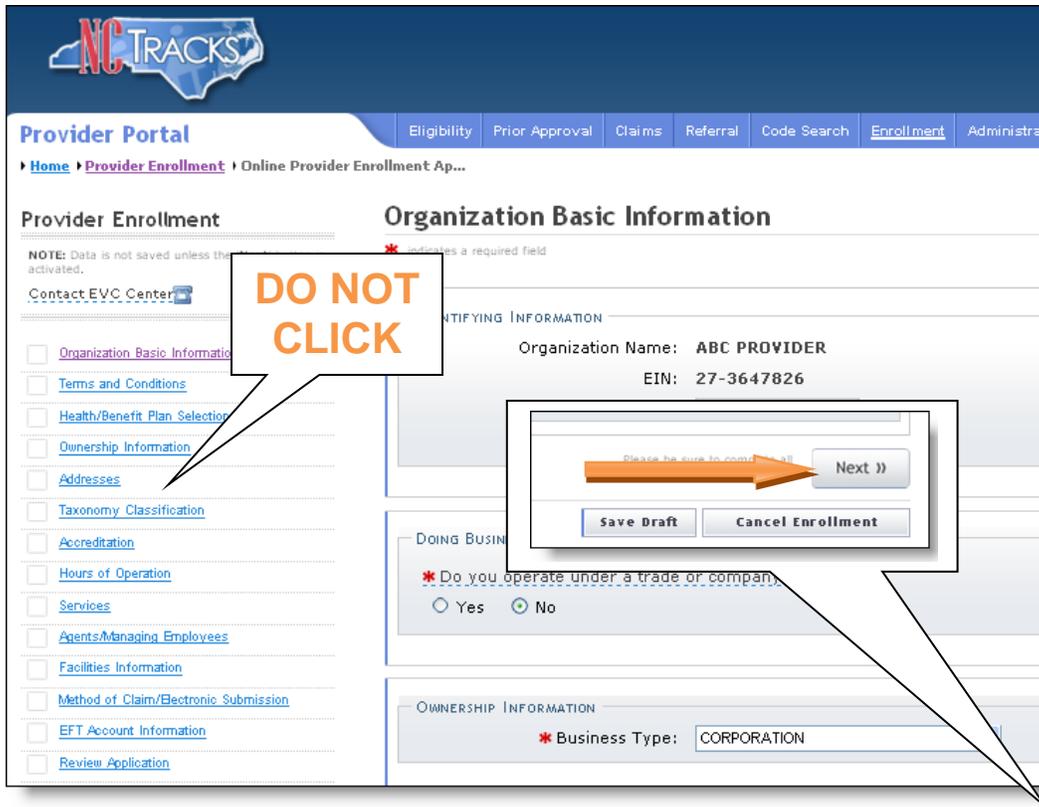


Figure 7: Organization Basic Information Page

- On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

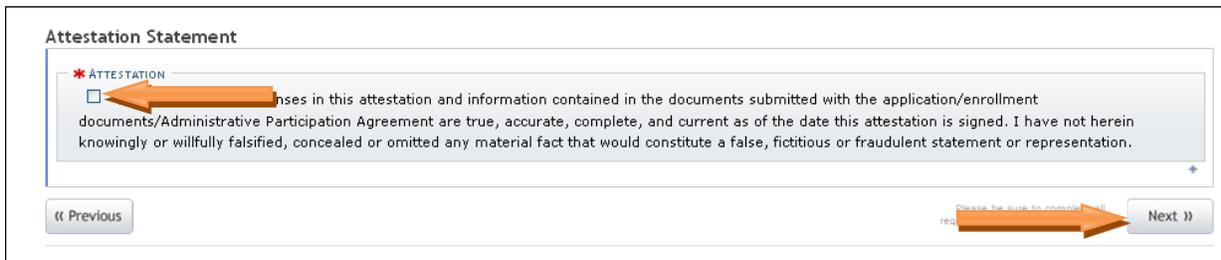


Figure 8: Attestation Statement

- Continue to click the next button through the Manage Change Request application until you reach the Terms and Conditions page.

The **Save Draft** button will only save your progress and will not submit the Change Request for processing.



Figure 9: Click Next to Navigate

### Viewing Existing Taxonomy Details

- The **Taxonomy Classification** screen will display. This page will display existing, assigned taxonomies, as well as a section to add new Taxonomies. The existing, assigned taxonomy codes will be listed on the dark blue bars, as illustrated below. To view the details of existing Taxonomy codes, click the + (plus) sign to expand the view.

Figure 10: Expand Taxonomy Sections

12. The **Taxonomy Classification** details view will display. The Provider Type (Level 1), Classification, (Level 2), and Area of Specialization (Level 3) will display, along with the status and Begin Date. The edit button is used to end-date existing taxonomies.

Figure 11: Taxonomy Classification

### Adding a New Taxonomy Code

13. To add a new Taxonomy, under the **Add Taxonomy Classification** section reference the following steps:

- 13.1. Select the Provider Type
- 13.2. Select the Classification (if available)
- 13.3. Select the Area of Specialization (if available)
- 13.4. Enter or select the **Begin Date**
- 13.5. Click the **Add** button

Figure 12: Taxonomy Classification

The **Provider Type** selection determines the available options for **Classification**. The **Classification** selection determines the available options for **Area of Specialization**. In the example below, no options are available under **Area of Specialization** because the **Provider Type** or **Classification** has not been selected.



Figure 13: Taxonomy Menu Selection Options

Group providers will select a **Provider Type** of **Group**, with a classification of either Multi-Specialty or Single-Specialty. This Taxonomy combination as well as others does not have an Area of Specialization option. Reference the example below.



Add Taxonomy Classification

Please complete all the required fields and click the **Add** button.

\* Provider Type:

\* Classification:

\* Area of Specialization:

\* Begin Date:

Figure 13: Taxonomy Combinations

14. The new taxonomy will be added at the bottom of the list with **NEWLY ADDED** indicated next to the header.

+ TAXONOMY CLASSIFICATION - 282N00000X - GENERAL ACUTE CARE HOSPITAL
+ TAXONOMY CLASSIFICATION - 311ZA0620X - ADULT CARE HOME
+ TAXONOMY CLASSIFICATION - 193200000X - MULTI-SPECIALTY --- <b>NEWLY ADDED</b>
Add Taxonomy Classification

Figure 14: Newly Added

15. Click the **Next** button. Continue to click the next button through the Change Request application until you reach the Terms and Conditions page.



The **Save Draft** button will only save your progress and will not submit the Change Request for processing.

Next >>

Save Draft
Cancel Enrollment

Figure 15: Click Next to Continue

## Adding Licensing or Certifications

16. The **Accreditation** page may display several sections, depending on the number of taxonomies on file. Not all sections are required. To determine the required sections, scroll down and identify the light blue sections that display your taxonomies.

The licenses and certifications listed directly **BELOW** the taxonomy are required.

The screenshot shows the 'Accreditation' section of the NCTracks interface. It is divided into three main sections: ACCREDITATIONS, CERTIFICATIONS, and LICENSES. Each section contains a list of taxonomies and their associated requirements. Callouts provide specific instructions for each taxonomy type.

- ACCREDITATIONS:** A callout points to the 'Add Accreditation' section, stating: "No Taxonomy - Not Required".
- CERTIFICATIONS:** A callout points to the 'Medicare Participation By Centers for Medicare & Medicaid' section, stating: "This Taxonomy Requires Medicare Participation".
- LICENSES:** A callout points to the 'Group Home for Developmentally Disabled Adults' section, stating: "This Taxonomy Requires 1 of 4 of the displayed licenses".

Figure 16: Accreditation Page

17. To add an accreditation, make the appropriate selection from the drop down menu, enter the **License/Accreditation/Certification** number and **Effective/Expirations** dates, then click the **Save** or **Add** button.



Figure 17: Add Accreditation

**CONTINUED ON THE NEXT PAGE**

Some Taxonomies may allow more than one licensing option to fulfill the requirement. In the following example, the provider must enter one of the four licensing types. All four options display as required fields. However, only ONE of the licenses must be added.

**LICENSES**

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **311ZA0620X - Adult Care Home** requires the following License Type:

- Group Home for Developmentally Disabled Adults By NC Division of Health Service Regulation (DHSR) , OR
- Group Home for Mentally Ill Adults By NC Division of Health Service Regulation (DHSR) , OR
- Family Care Home By NC Division of Health Service Regulation (DHSR) , OR
- Home for the Aged and Disabled By NC Division of Health Service Regulation (DHSR)

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**LICENSE - GROUP HOME FOR DEVELOPMENTALLY DISABLED ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Group Home for Developmentally Disabled Adults  
 \* State: NORTH CAROLINA  
 \* License #:   
 \* Effective Date: mm/dd/yyyy  \* Expiration Date: mm/dd/yyyy

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**LICENSE - GROUP HOME FOR MENTALLY ILL ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Group Home for Mentally Ill Adults  
 \* State: NORTH CAROLINA  
 \* License #:   
 \* Effective Date: mm/dd/yyyy  \* Expiration Date: mm/dd/yyyy

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**LICENSE - FAMILY CARE HOME BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Family Care Home  
 \* State: NORTH CAROLINA  
 \* License #:   
 \* Effective Date: mm/dd/yyyy  \* Expiration Date: mm/dd/yyyy

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**LICENSE - HOME FOR THE AGED AND DISABLED BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Home for the Aged and Disabled  
 \* State: NORTH CAROLINA  
 \* License #:   
 \* Effective Date: mm/dd/yyyy  \* Expiration Date: mm/dd/yyyy

Figure 18: Accreditation Options

In the below example, one of the four licenses has been added. If the **STATE** field is populated for the other options, click the **Clear** button to clear the licensing type of the remaining 3 options.

**ALL OTHER FIELDS MUST BE BLANK IN ORDER TO PROCEED TO THE NEXT SCREEN.**

**LICENSES** ?

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **311ZA0620X - Adult Care Home** requires the following License Type:

- Group Home for Developmentally Disabled Adults By NC Division of Health Service Regulation (DHSR) , OR
- Group Home for Mentally Ill Adults By NC Division of Health Service Regulation (DHSR) , OR
- Family Care Home By NC Division of Health Service Regulation (DHSR) , OR
- Home for the Aged and Disabled By NC Division of Health Service Regulation (DHSR)

**LICENSE - GROUP HOME FOR DEVELOPMENTALLY DISABLED ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR) Newly Added License

License Type: Group Home for Developmentally Disabled Adults

State: NORTH CAROLINA

License #: 12234567

Effective Date: 09/01/2011      Expiration Date: 11/08/2013

[Edit](#)

---

**LICENSE - GROUP HOME FOR MENTALLY ILL ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Group Home for Mentally Ill Adults

\* State: NORTH CAROLINA

\* License #:

\* Effective Date:

\* Expiration Date:

[Add](#) [Clear](#)

---

**LICENSE - FAMILY CARE HOME BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Family Care Home

\* State: NORTH CAROLINA

\* License #:

\* Effective Date:

\* Expiration Date:

[Add](#) [Clear](#)

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**LICENSE - HOME FOR THE AGED AND DISABLED BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)

License Type: Home for the Aged and Disabled

\* State: NORTH CAROLINA

\* License #:

\* Effective Date:

\* Expiration Date:

[Add](#) [Clear](#)

Figure 19: Clearing Accreditation

Once the fields have been cleared, the status field will display as -- **Select One** --, and the other fields will be blank. They may still display as required. However, you may click the **Next** button once all licenses have been added, to continue.

**LICENSES** ?

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **311ZA0620X - Adult Care Home** requires the following License Type:

- Group Home for Developmentally Disabled Adults By NC Division of Health Service Regulation (DHSR) , OR
- Group Home for Mentally Ill Adults By NC Division of Health Service Regulation (DHSR) , OR
- Family Care Home By NC Division of Health Service Regulation (DHSR) , OR
- Home for the Aged and Disabled By NC Division of Health Service Regulation (DHSR)

**LICENSE - GROUP HOME FOR DEVELOPMENTALLY DISABLED ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Group Home for Developmentally Disabled Adults  
 State: NORTH CAROLINA  
 License #: 12234567  
 Effective Date: 09/01/2011                      Expiration Date: 11/08/2013

[Edit](#)

**LICENSE - GROUP HOME FOR MENTALLY ILL ADULTS BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Group Home for Mentally Ill Adults  
 \* State: -- Select One --   
 \* License #:    
 \* Effective Date:  \* Expiration Date:

[Add](#) [Clear](#)

**LICENSE - FAMILY CARE HOME BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Family Care Home  
 \* State: -- Select One --   
 \* License #:   
 \* Effective Date:  \* Expiration Date:

[Add](#) [Clear](#)

**LICENSE - HOME FOR THE AGED AND DISABLED BY NC DIVISION OF HEALTH SERVICE REGULATION (DHSR)**

License Agency: NC Division of Health Service Regulation (DHSR)  
 License Type: Home for the Aged and Disabled  
 \* State: -- Select One --   
 \* License #:   
 \* Effective Date:  \* Expiration Date:

[Add](#) [Clear](#)

Figure 20: Required Field Indicators

Although some sections may not be required, if you inadvertently select the **Accreditation Type** from the drop down menu, the entire section becomes required. Click the CLEAR button to clear all fields.

The screenshot shows the 'Accreditation' section of the 'Provider Enrollment Application' interface. At the top, there is a navigation bar with tabs for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. Below the navigation bar, the page title is 'Provider Enrollment Ap...'. The main heading is 'Accreditation'. A legend indicates that a red asterisk (\*) denotes a required field. The form contains several fields: 'Accreditation Type' (a dropdown menu with 'Accreditation Association for Ambulatory Health C' selected), 'Accreditation #' (a text input field), 'Effective Date' (a date input field with a calendar icon), and 'Expiration Date' (a date input field with a calendar icon). All four fields have a red asterisk to their left. At the bottom right of the form, there are two buttons: 'Add' and 'Clear'. An orange arrow points to the 'Clear' button.

Figure 21: Clearing Optional Accreditations

Clicking the **Clear** button will remove the required field indicators, as illustrated below.

This screenshot shows the same 'Accreditation' form as in Figure 21, but after the 'Clear' button has been clicked. The 'Accreditation Type' dropdown menu now shows '-- Select One --'. The 'Accreditation #', 'Effective Date', and 'Expiration Date' text input fields are now empty. The red asterisks (\*) that were previously next to these fields have been removed, indicating they are no longer required. The 'Add' and 'Clear' buttons remain at the bottom right of the form.

Figure 22: Cleared Results

## Reviewing, Signing and Submitting the Manage Change Request

18. The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

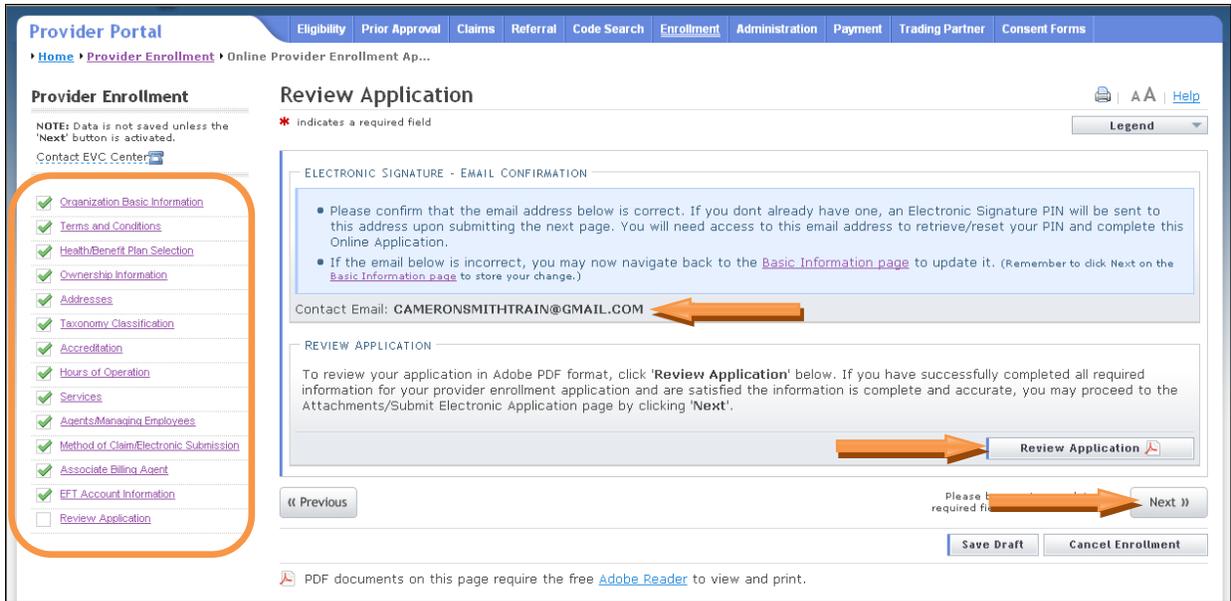


Figure 23: Review Application

19. The **Sign and Submit Electronic Application** page will display. Enter the NCID and password, as well as the **PIN** number and click the **Submit Now** button.

**Sign and Submit Electronic Application**

NOTE: Data is not saved unless the 'Next' button is activated.

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#) \* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **CAMERONSMITHTRAIN@GMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at **866-844-1113** if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

REQUIRED ATTACHMENTS

807 Shackleton Rd, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- GROUP, Multi-Specialty, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

ELECTRONIC ATTACHMENTS

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

No files have been uploaded.

Browse... Add

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

**Note:** If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

submit Now

Previous

Figure 24: Sign and Submit

## Tips for Navigating the Manged Change Request Application

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click Next through those sections.



**Error Summary**

**Please fix the following errors before you proceed.**

- **Please complete all pages in this application before proceeding.**

Figure 25 Error - Complete all Pages in the Application

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Home > Provider Enrollment > Online Provider Enrollment Ap...

### Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Accreditation
- CCN/CCA
- Physician Extender Participation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EFT Account Information
- Review Application

### Review Application

\* indicates a required field

Legend

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

Please confirm that the email address below is correct. If you don't already have one, an Electronic Signature PIN will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.

If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click Next on the [Basic Information page](#) to store your changes.)

Contact Email: CAMERONSMITHTRAIN@GMAIL.COM

REVIEW APPLICATION

To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking 'Next'.

Review Application

« Previous      Next »

Please be sure to complete all required fields with valid content.

Save Draft      Cancel Enrollment

PDF documents on this page require the free [Adobe Reader](#) to view and print.

Figure 26: Review Application - Incomplete Pages

## Other Taxonomy Resources

Taxonomy codes are a national code set managed by the National Uniform Claim Committee (NUCC). Many of the new taxonomy codes are different from the previous codes. Providers may visit the NUCC website to view NUCC taxonomy code options.

Visit <http://www.nucc.org/>

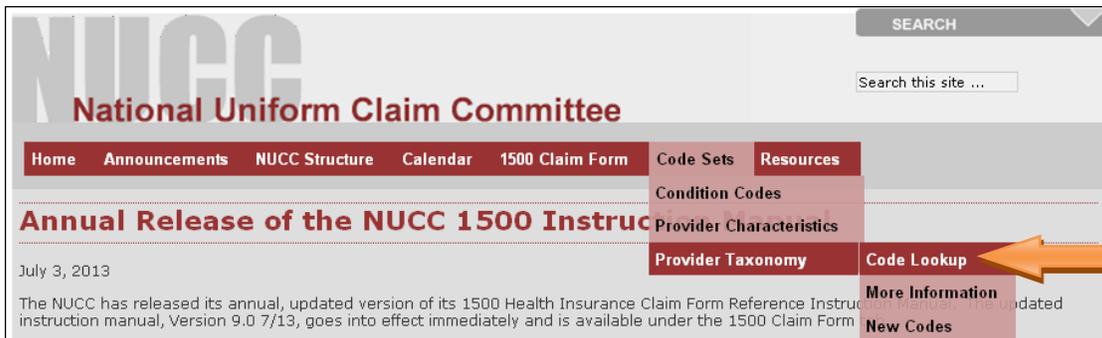


Figure 29: Review Application - Incomplete Pages

The Code Lookup screen will display. To expand the list of Taxonomy Cods, click the + (plus) sign next to each option. To view the definition, click the [definition] link next to the code.

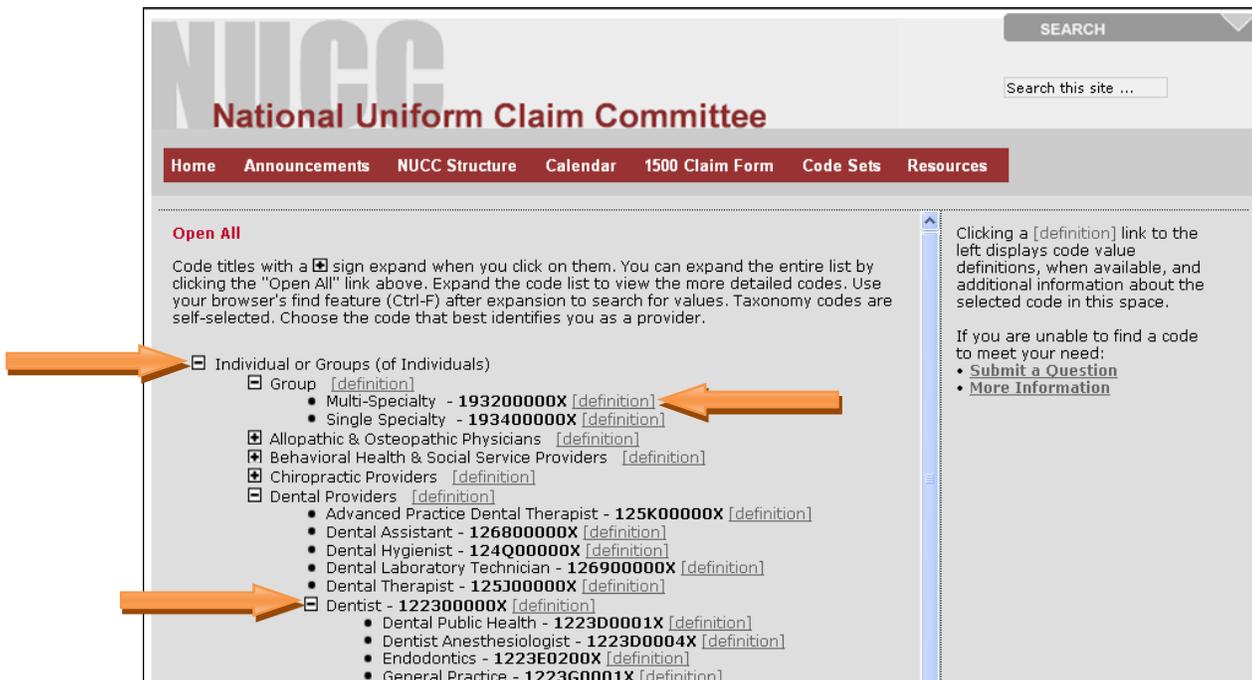


Figure 30: Review Application - Incomplete Pages

If you have questions about the Health Care Provider Taxonomy code set, please contact the NUCC by clicking the **Submit a Question** link on the right hand side of the screen. Complete the form to receive an email response. Questions will be answered within 24 to 72 hours.